

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

21430

1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. 193

Township Sedalia

Primary Registration District No. 3032

Registered No. 668

City Sedalia

(No. 214 E. Pettis)

St. Pettis Ward 1

2. FULL NAME

Dock Westly Walker

(a) Residence, No. 214 E. Pettis

St. Pettis Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 10 1912

7. AGE

YEARS

22

MONTHS

7

DAYS

24

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monticello Ark

FATHER

13. NAME

Dock Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monticello Ark

MOTHER

15. MAIDEN NAME

Sallie Blackely

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monticello Ark

17. INFORMANT (ADDRESS)

Sallie Walker Parker Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Monticello Ark

DATE

6-5

19. UNDERTAKER (ADDRESS)

J. F. Ferguson Sedalia Mo

20. FILED

6-4-

1934

Jean Slack

Registrar.

2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

August 3 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 10

1934

to

June

1934

I last saw him alive on June 24, 1934 Death is said

to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

acute myocardial infarction (chronic arteriosclerosis)

Date of onset

2-10-34

1934

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis Chrom Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 1934

Where did injury occur? Yes (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. J. M. D.

(Address) Sedalia Mo



Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Dock Westly Walker  
 Who died at \_\_\_\_\_ on June 3 - 1934  
 Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If nonresident, city or town)

Length of residence in city or town where death occurred: 3 Years 0 Months 0 Days  
 Sex M Color or race B Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 22 Months 7 Days 24

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Oct 1933 Month \_\_\_\_\_ Year \_\_\_\_\_  
 Birthplace (State or country) \_\_\_\_\_  
 Birthplace of father (State or country) do not know  
 Birthplace of mother (State or country) no say  
 Principal cause of death: Chr. Septic

Other contributory causes of importance \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 Name of physician \_\_\_\_\_  
 Address of physician \_\_\_\_\_  
 Signature of Registrar James Black Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 668

Very truly yours,

Primary Reg. Dist. No. 3030

Special Agent.

State Registrar

Q Was Qetus myelitis of spine  
tuberculous or traumatic?

Unknown - negative

Q No money for V-Ray

R 22-1#30